

U.S. ARMY MEDICAL DEPARTMENT (AMEDD)
DATA QUALITY FOR AMEDD SUCCESS TEAM (DQFAST)
CHARTER

20 APR 2001

PURPOSE. The purposes of this team are to improve data quality throughout the AMEDD, to guide definition of the best data sources and data manipulation to create AMEDD staff-requested reports and information, to facilitate data quality efforts at all levels, to establish and refine relationships for the improvement/coordination of data quality improvement efforts, and to determine the best business practices to reach these objectives. This Charter replaces the Enrollment Based Capitation (EBC) Data Quality (DQ) Process Action Team (PAT) Charter, (undated).

MISSION. The DQFAST mission is to develop a comprehensive program of identification, monitoring and improvement strategies for the full range of data quality issues that support business case decision making. Data quality initiatives will improve AMEDD healthcare delivery by ensuring accurate and timely data capture and workload reporting from the bottom up; and by ensuring the appropriate use of data to assess present and future healthcare delivery methodologies. This will be accomplished by:

a. Identifying and reviewing underlying business processes indicated by possible failures/weaknesses in data quality to reflect the types and extent of work performed in patient care, mission support and the corresponding reimbursement mechanisms.

b. Identifying/COORDINATING key data quality issues from the medical treatment facilities (MTFs) and Regional Medical Commands (RMCs) and establishing a data quality issues tracking process. The primary reporting/communication link to the MTFs is via the AMEDD Data Quality Manager (DQM), through the MTFs' respective RMC DQM, to each MTF's DQM.

c. Developing and reviewing metrics to determine timeliness, accuracy and completeness of MTF data, as appropriate. The primary source of this data is through the DQMs at each level and the AMEDD Data Quality Management Control Program (DQMCP) which establishes a monthly MTF commander data quality certification process.

d. Providing data quality consultation and recommendations to MTF commanders (through the Regional DQM) to improve data

quality and by providing suggested metrics for the commanders to establish baselines and monitoring techniques for continuous improvement.

e. Assigning command and staff responsibility as needed for implementing, enforcing and monitoring approved data quality initiatives.

f. Identifying and referring data quality issues beyond the AMEDD's control to the Office of the Assistant Secretary of Defense (Health Affairs) and its Field Operating Agencies for resolution assistance.

g. Creating a sub-working group which will be comprised of the DQMs from each of the Army RMCs and the AMEDD DQM. The DQM Working Group (DQMWG) will address data quality issues that impact on the performance of the AMEDD and the reporting of data to higher authorities. The AMEDD DQM will serve as the Chair of the DQMWG and represent the working group at each DQFAST meeting. The DQMWG will serve as a clearing house for issues related to the implementation of the TRICARE Management Activity DQMCP.

h. Providing consultation for staff requests for reports, data calls and data manipulation. The consultation will consist of reviewing the proposed metrics, determining the optimum data source and providing feedback to the originator on issues or confounding facts regarding the proposed metric. This consultation can occur during the formal DQFAST meeting or by electronic ad hoc meetings via electronic mail.

AUTHORITY. This authority applies to the appointment of DQFAST members of the U.S. Army Medical Command (MEDCOM) units only. Process action team participation of members from organizations outside the MEDCOM is strictly voluntary based upon the approval of the member's command. The Team Leader may, for a period of 150 days, request or task as needed other AMEDD activities to provide necessary expertise or assistance to complete this mission.

EXPECTED IMPROVEMENT.

a. The DQFAST will strive for measurable, improved data quality to accurately reflect resources needed and used for patient care and resourcing decisions.

b. The DQFAST will apply lessons learned, as applicable, to TRICARE and TRICARE For Life data quality and reporting processes to improve the AMEDD's resourcing position among the Services' Medical Departments.

c. The DQFAST will receive a certification summary of the DQMCP Checklist from all the MTFs. This will assist in identifying both facility-specific and Army-wide data quality issues and allow improvement to these data quality business processes.

BOUNDARIES AND CONSTRAINTS.

a. The DQFAST will provide continuing results to the Deputy Surgeon General after each meeting or as determined by the Team Leader. Information will also be shared with the Assistant Surgeons General, Office of The Surgeon General (OTSG) Directorates, and MEDCOM Deputy Chiefs of Staff.

b. The DQFAST will submit input to the Team Leader (Director, Patient Administration Systems and Biostatistics Activity (PASBA), ATTN: MCHS-I, 1216 Stanley Rd, Ste 25, Fort Sam Houston, TX 78234-5053) within prescribed timeframes.

c. If the DQFAST is unable to meet its suspenses, the Team Leader must request an extension from the Deputy Surgeon General.

RESOURCES AVAILABLE.

a. The Team Leader will be responsible for administrative, clerical, and logistical support involved with DQFAST meetings.

b. The Team Leader, as needed, will request MEDCOM resources.

TEAM REPRESENTATION:

Director, PASBA (Team Leader)

Deputy Director, PASBA

Assistant Chief of Staff (ACofS) for Health Policy and Services (HP&S)

Representative, Clinical Services Division, HP&S and Nursing
Staff Officer, HP&S

Representative, Resource Management, OTSG

Representative, ACofS for Personnel

Chief, Patient Administration Division, MEDCOM

ACofS for Information Management
Chief, Data Quality Branch (DQB), PASBA
Director, Quality Management, MEDCOM
Chief, Metrics Section, PASBA
Chief, Data Input Section, PASBA (non-voting member)
Chief, MEPRS Division
Representative, Program, Analysis and Evaluation
ACofS for Resource Management
Representative, ACofS for Resource Management (non-voting
Member)
Chief, TRICARE Operations Division
Chief, Nosology Section, PASBA (non-voting member)
Chief, Decision Support Branch, PASBA
Chief, Decision Support Section, PASBA (non-voting member)

Consulting resources will be used when required. The consultants may include, but not be limited to the AMEDD Consultants to The Surgeon General.

TECHNIQUE. The Team Leader will propose queries and solicit input from DQFAST members on specific topics. This may include designating specific individuals to prepare lists of equipment/supplies, draft initial documents, review specific regulations/publications, etc. The input will be prepared and forwarded to the Team Leader within specified timeframes. The primary source of communication and input will be through electronic mail and DQFAST meetings. Phone calls, facsimiles, and other sources will be used as necessary. Prompt meeting of suspenses is essential.

FOR THE COMMANDER:



PATRICK D. SCULLEY
Major General
Chief of Staff

DISTRIBUTION:

HQDA, ATTN: DASG-HCZ (COL Gerber); DASG-IMD (COL Semarge);
DASG-PAE (COL Moonan); DASG-PTZ (COL Campbell);
DASG-RMZ (COL Knapp)
(CONT)

DISTRIBUTION: (CONT)

COMMANDER

US ARMY MEDICAL COMMAND, ATTN: MCCG-PAE (Ms. Cyr);

MCFA (COL Becker); MCHO-CL (COL Phurrough);

MCHO-CL-M (COL Lupo, Ms. Leaders); MCHO-CL-P (COL Berlingis,
LTC Oliver); MCHO-Q (COL Kimes); MCIM (Mr. Jiru);

MCLO (COL Kissane); MCRM (COL Foxhall); MCRM-M (Mr. Jensen);
MCRM-ME (Ms. Bacon); MCRM-P (Mr. Johnson)

DIRECTOR

US ARMY PATIENT ADMINISTRATION SYSTEMS AND BIostatISTICS

ACTIVITY, ATTN: MCHS-I (COL Halvorson); MCHS-IN

(Ms. Mandell); MCHS-IQA (Mr. James); MCHS-IS (MAJ Wesloh);

MCHS-ISQ (Ms. Robinson)